



Non-profit Organization Serving Children
With Exceptional Medical Needs and Their Families

Phone: (301) 925-9271
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2nd Family, Inc.
337 Brightseat Road Suite 111
Landover, MD 20785

October 14, 2014

Sandra Bromwell, Chief Nurse
Fax 410-402-8211

Plan of Correction: Individual #8268 was moved on [redacted] from [redacted]. No staff from the previous residence moved to the new placement. This move occurred to accommodate the changing demographics of the first residence. Some staff has been trained, and new staff is in the process of completing required training.

Tag L375 The deficiency indicates that the LPN signed the 45 day assessment. The assessment was not signed by the registered nurse.

For the individual #8268 and all other individuals, the director of nursing will ensure that the RN completes and signs the 45-day assessments. Assessment forms will be checked monthly by Medical Records staff by using an audit form. Attached is a corrected nursing assessment signed by the RN for individual #8268 for [redacted].

Tag L1140 How are you going to ensure that staff members follow the plan of care for #8268 and for any other individual that could be affected by the deficient practice? How are you going to monitor your interventions to ensure that this does not happen again to this individual and others? Training or in-service records may be submitted.

The RN will review the plan of care with each LPN. The LPN will review the plan of care for the individual #8268, and for all other individuals, with each staff member at the beginning of every shift. The RN will do frequent visits to evaluate staff and verify the implementation of the plans of care.

Tag Y2335 Staff #1 was terminated. Was staff #2 trained on the requirements as stated in the children's regulations? When? How are you going to ensure that the training is effective? What follow-up or monitoring will be done? Send staff training rosters and inservice sheets.

Yes, staff #2 was trained on April 23 and June 18, 2014 on children's regulations. The RN will do frequent visits to evaluate each staff and verify that training on the children's regulations is applied for each individual's specific needs. See attachment.

Tag Y2520 When was staff #2 trained on #8268's IP and has other staff been trained on the IPs of the individuals that they care for routinely and/or intermittently? How are you going to ensure that training is done as required, what measures will you put into place to ensure that there is ongoing training based on the requirements? Send training rosters and inservice sheets.

Staff #2 no longer works with individual #8268. Other staff has been trained on the IPs of individuals that they care for routinely and/or intermittently. Training on individual #8268's IP was held on two days Sep 17 and Sep 26, 2014 for staff at the new residence. Staff will be trained before staff is assigned on the individual's IP, nursing care plan, and behavior plan before being assigned to work with that individual.

Tag 2535 Was staff #2 trained on the behavior plan for #8268? Were other staff trained on behavior plans for other individuals who have such plans? How are you going to ensure that staff receives the necessary training in a timely manner prior to rendering care to individuals?

Staff #2 no longer works with individual #8268. Other staff has been trained, and we are in the process of training all staff on behavior plans for other individuals who have such plans. Training on individual #8268's behavior plan was held on two days Sep 17 and Sep 26, 2014 for staff at the new residence. Staff will be trained before staff is assigned on the individual's behavior plan before being assigned to work with that individual.

Tag Y4180 Does the provider have updated policies and procedures and are staff trained on the policies/procedures? How does the provider monitor that staff are following policies/procedures. What monitoring is done to ensure compliance?

We are currently working to update company policies and procedures. Staff is trained on policies and procedures during orientation and every employee is given a handbook. The RN supervisor is responsible for monitoring and ensuring that policies and procedures are being implemented. QA does follow up reviews with staff.

Sincerely,
SECOND FAMILY, INC.

Joseph Labulé , Residential Child Care Program Administrator
Shilda Frost, President



Nursing Assessments

Oct 14, 2014 Attachment No. 1

Tag L375 Most recent 45-day nursing assessments dated Aug 18, 2014 and Oct 2, 2014 completed and signed by RN for individual #6268

45 Day Nursing Assessment**For the period ending: August 18th, 2014****IDENTIFICATION**

Client Name: _____

Assessment date: August 18th 2014

Residence: _____

Nurse: _____

ATTACH/INSERT MEDICATION CHART TO THIS ASSESSMENT
 (Blank form attached if need to use, otherwise attach the current Medication Chart)

Medication Administration Review

Orders written correctly on MARS?	(X) Yes	() No
Medications documented correctly on MARS?	(X) Yes	() No
Medication stored properly?	(X) Yes	() No
Medication labeled properly?	(X) Yes	() No
Physician's Order, MARS, and Pharmacy Label identical?	(X) Yes	() No
All Medication orders current and signed by all appropriate doctors?	(X) Yes	() No
Psych meds q 90 days	(X) Yes	() No
All other meds q 90 days	(X) Yes	() No
Medication packaging within expiration date?	(X) Yes	() No
All meds ordered/reordered correctly?	(X) Yes	() No
Schedule II meds under double lock?	() Yes	() No
All control meds signed out on control sheets?	() Yes	() No
Self-Medication	() Yes	(X) No

Comments: Check medication label with doctor's order on MARs to make sure they correspond.

Any significant problems found by Nurse or Staff? () Yes (X) No

Significant errors found: No significant errors found.

Recommendation / Comments: Nurse will continue to administer medications according to the 6 rights followed by proper documentation and close monitoring for possible side and adverse effects of the medications. Nurse should always check the medications on a weekly basis to make sure that refills are up to date and that the individual has enough medication until next refill/delivery.

45 Day Nursing Assessment
For the period ending: August 18th, 2014

Vital Signs

Height: _____ Weight: _____ Recent weight change: Gain () Loss ()

Diet: _____

Temperature (F) 96.4 Respirations 18 Regular (✓) Irregular () Blood Pressure 122/74

Pulse Radial 92 (✓) Regular () Irregular Apical _____ Regular () Irregular ()

Seizures since last review? (✓) Yes () No

If yes, describe: _____

Seizure Record Complete? (✓) Yes () No

Comments: See seizure record

Future Appointments

Physician	Date	Reason
		Psych F/U
		GI F/U
		Ophthalmology F/U
		Physical Medicine F/U

Lab Work

Description	Date	Abnormal /Results
CBC, TSH, CMP, Lipid profile		Pending

Comments: Doctor stated he will call with lab results in case of concern but never did. Doctor's office called and results for December 2014 was faxed.

45 Day Nursing Assessment
For the period ending: August 18th, 2014

Is the environment conducive to the delegation of nursing tasks: (✓) Yes () No

Comments: RN/Delegating Nurse delegates assignments to the LPNs and CNA/CMT staff.

Changes to Nursing Care Plan? () Yes (✓) No

New Health Issues since Last Review: Individual fell off the bed on
tooth. was taken to Center and received a couple suture on the upper right lip. On
individual was seen by the doctor with recommendation to continue on current
medication and an order for blood work. Individual was also seen at the dental clinic following ER visit
at on and for follow up with recommendation to return in

Recommendations / Staff Instructions: Recommendation was given to the staff to monitor closely the
individual, to reinforce two persons procedure at the bedside and to watch for any signs of infection.
Notify the RN Supervisor of any change.

Date next 30 day review due: 10/02/14

RN Signature:

RN, [Signature] Date: 08/18/14

45 Day Nursing Assessment
For the period ending: August 18th, 2014

Medication Chart
August 2014

Medication	Dose	Frequency	Reason on Medication	Code
	2 tabs	PRN/Q4hrs		S
	1 tab	Daily		S
	6 tabs	QPM		S
	1 tab	QHS		S
	1 capsule	Daily		S
	2 tabs	QHS		S
	3/4cap	Mixed in boost QAM		S
	1 tab	QAM, PO or crushed via GT		S
	3 tabs	BID		S
	1 tab	BID PO		S
	1 tab	BID PO		S
		BID	Oral hygiene	S
	5 tabs	2caps QAM 3caps QHS		S
	1 bottle	Q week/PRN		S
	1 tab	PRN via GT for ; > 5mins		S
	1 tab	PRN	Nausea	S
		PRN	Skin irritation	S
	0.5mg/0.25ml	PO for e>5mins or more than 2: ; in a 12hour period		S

45 Day Nursing Assessment
For the period ending: August 18th, 2014

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Code N = New Med C = Change D/C = Discontinued S = Same ↑ Increased ↓ Decreased H = Hold

45 Day Nursing Assessment**Date of current Assessment: October 2, 2014****IDENTIFICATION**

Client Name: _____

Residence: _____

Nurse: _____

ATTACH/INSERT MEDICATION CHART TO THIS ASSESSMENT
 (Blank form attached if need to use, otherwise attach the current Medication Chart)

Medication Administration Review

Orders written correctly on MARS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Medications documented correctly on MARS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Medication stored properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Medication labeled properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Physician's Order, MARS, and Pharmacy Label identical?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All Medication orders current and signed by all appropriate doctors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Psych meds	q 90 days	
All other meds	q 90 days	
Medication packaging within expiration date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All meds ordered/reordered correctly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule II meds under double lock?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All control meds signed out on control sheets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Self-Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No N/A

Comments: Check medication label with doctor's order on MARs to make sure they correspond.

Any significant problems found by Nurse or Staff? ☐ Yes ☒ No

Significant errors found:
 No significant errors found.

Recommendation / Comments:

45 Day Nursing Assessment**Date of current Assessment: October 2, 2014****Vital Signs**

Height: _____ Weight: _____ Recent weight change Gain (X) Loss ()

Diet: _____

Temperature (F) 96.1 Respirations 20 Regular (✓) Irregular () Blood Pressure 108/82

Pulse Radial 70 (✓) Regular () Irregular Apical 76 Regular (X) Irregular ()

Seizures since last review? (✓) Yes () No

If yes, describe: Jerky body, Arms jerky, stiffness, color pale, heavy breathing

If Yes, Seizure Record Complete? (✓) Yes () No

Comments: _____ 9 episodes of seizure during this period of review. _____ had 4 seizures and diazepam dose given via g-tube.

Future Appointments

Physician	Date	Reason
		Psych F/U
		Dental F/U
		Physical Medicine F/U

Lab Work

Description	Date	Abnormal /Results
No labs this review period.		

Comments: No comment

45 Day Nursing Assessment**Date of current Assessment: October 2, 2014****Is the environment conducive to the delegation of nursing tasks: (✓) Yes () No****Comments:****Changes to Nursing Care Plan? () Yes (✓) No****New Health Issues since Last Review**

- has been stable this period. noted. 2 occurred in 1 day. attended all of:
 appointments.
1. made a referral to Equipment Clinic: Seating for wheelchair assessment & repair. Follow up in one year.
 2. Ingrowing toe nail without signs of infection. Follow in 12 weeks.
 3. Annual Physical follow up in 3 months
 4. No changes in medication follow up in 6 months
 5. Individual has gained 16lbs. reduced Boost 1 can 3 times a day. Follow up in 6 months

Recommendations / Staff Instructions

1. Report and document any behavioral problems
2. Monitor closely for any seizures.
3. Proper use of the VNS in case of seizures
4. Safety-Bedrails up at all times when is in bed and also helmet on while is awake.
5. Seat belt fasten while in the wheelchair at all times.
6. Meds be given on time especially seizure meds.

Date next 45 day review due: 11.16.14**RN Signature _____****Date: 10.2.14**

45 Day Nursing Assessment
Date of current Assessment: October 2, 2014

Medication Chart

Medication	Dose	Frequency	Reason on Medication	Code
	2 tabs	Pm	Fever/pain	
	1 tab	Daily	Allergies	
	6 tabs	Daily		
	1 tab	Daily	Restlessness	
	1 capsule	Daily	Stomach acid	
	2 tab	Daily	Sleep aid	
	3/4cup	Daily	Constipation	
	1 tab	Daily	Supplement	
	3 tabs	2x daily		
	1 tab	2x daily		
	1 tab	2x daily		
		2x daily	Oral hygiene	
	5 tabs	2x daily am 3x daily pm		IC
		Pm	constipation	
	1 tab	Pm		
	1 tab	Pm	Nausea	
		Pm	Skin irritation	

Code N = New Med C = Change D/C = Discontinue S = Same ↑ Increased ↓ Decreased H = Hold



Nursing Care Plan

Oct 14, 2014 Attachment No. 2

Tag L1140 RN has reviewed the nursing care plan for Individual #6268 with staff that is assigned to the individual

NURSING CARE PLAN/HEALTH CARE PROTOCOL

Individual: I

Registered Nurse:

RN/

LPN

Date: 07/16/14

Nursing Diagnosis: Risk of Injury related to ineffective mobility

Problem: Falls

Nursing Goal Date:	Staff/Nursing Instructions	Outcome	Date Resolved	Objective Reviewed
Will maintain safety in client's environment at all times.	1. Staff will keep side rails up at all times when child is in bed/ during ADLs.	will not suffer any falls.	On going	30 Day review
	2. Staff will complete bedside care using two staff at bedside at all times. According to SFI Policy and protocols.	will be kept safe at all times.	On going	
	3. Staff will gather all supplies needed prior to bedside ADLs	Staff will not leave bedside until care completed and bedrails are up and locked position.	On going	
	4. Staff will not leave client unattended. One-to One staff will be provided.			

Individual moved to 1st floor. Training about CNA with care plan was given to nurse CNA involved in this care.



In-Service Training Description

Oct 14, 2014 Attachment No. 3

Tag Y2335 Sign in sheets for Staff #2 that was assigned at previous residence for Individual #6268 was trained on required children's regulations

DDA I
1. The Aging Process and the Special Needs of the Elderly
2. Community Integration and Inclusion Fundamental Rights
3. Individual Direct Outcome Oriented Planning for Individuals
4. General Characteristics and Needs of Individuals Served

DDA II
5. Supporting individuals and families in making choices
6. Communication Skills
7. Infection Control and MD Occupational Safety and Blood-borne Pathogen standards
8. Communicable diseases
9. Fundamental Rights

DDA Continued
10- Healthy Living
11- Emergency preparedness and general safety procedures
12- Wheelchair and
13- Prevent Back Injury
14- Conflict Resolution
15- Suicide Prevention
16- Sexual Harassment
17- Child Abuse and neglect identification and reporting
18- Child development; Role of the child caregiver
19- Seizure Disorder
20- Medication monitoring/management
21- Parenting issues
22- Psychosocial Needs of the Children/Adults
23- Psychosocial and emotional needs of the children, family relationships and the impact of separation
24- Special needs of the population served

Staff Development Office In-Service Sign-In Sheet

Date: 3-19-2014Time: 4:00PM - 8:00PMSubject: DDA 1 of 2NO Break

Full Name and Title:

Signature:

Staff Development Office. Adult Home- Sign-In Sheet

Date: 4/01/2014Time: 9:00am - 4:30PMSubject: DDA 1

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 4-23-2014Time: 1:00PM - 8:00PMSubject: DDA 2 (Part 1)NO Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 6-18-2014Time: 10:00am - 2:30PMSubject: DDA Conf.

Full Name and Title:

Signature:



In-Service Training Description

Oct 14, 2014

Attachment No. 4

Tag Y2335 Highlighted staff is assigned to the new residence for Individual #6268 and has been trained on required children's regulations

DDA I
1. The Aging Process and the Special Needs of the Elderly
2. Community Integration and Inclusion Fundamental Rights
3. Individual Direct Outcome Oriented Planning for Individuals
4. General Characteristics and Needs of Individuals Served

DDA II
5. Supporting individuals and families in making choices
6. Communication Skills
7. Infection Control and MD Occupational Safety and Blood-borne Pathogen standards
8. Communicable diseases
9. Fundamental Rights

DDA Continued
1- Healthy Living
2- Emergency preparedness and general safety procedures
3- Wheelchair and
4- Prevent Back Injury
5- Conflict Resolution
6- Suicide Prevention
7- Sexual Harassment
8- Child Abuse and neglect identification and reporting
9- Child development; Role of the child caregiver
10- Seizure Disorder
11- Medication monitoring/management
12- Parenting issues
13- Psychosocial Needs of the Children/Adults
14- Psychosocial and emotional needs of the children, family relationships and the impact of separation
15- Special needs of the population served

Staff Development Office In-Service Sign-In Sheet

Date: 10-09-2014Time: 8:00am - 3:30PMSubject: DDA 1

- 30 minutes break

Full Name and Title:

Signature:

Staff Development Office In- Service Sign-In Sheet

Date: 9/10/14Time: 4:00PM - 8:00PMSubject: DDA 1No Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 9-4-2014
Time: 8:00am-3:30PM
Subject: ODAT
30 minutes Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 8-06-2014
Time: 9:00am-4:30PM
Subject: DDA1

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 8-19-14Time: 8:00am-12:00pmSubject: ODA 1 Part 1

NO Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 8-21-2011Time: 8:00am-12:00PMSubject: DDA 1 Part 2

NO Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 9-11-2014Time: 4:00 PM - 8:00 PMSubject: DDA II (2)

NO Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date:

9-5-2014

Time:

8:00am - 3:30pm

Subject:

DDA 2

30 minutes Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 8/7/14Time: 9:00 AM - 4:30 PMSubject: DDA 230 minutes Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 8-13-14Time: 10:00am-2:30pmSubject: DDA Continue30 minutes Break

Full Name and Title:

Signature:

Staff Development Office In-Service Sign-In Sheet

Date: 9-16-14Time: 8:00am - 2:00pmSubject: DDA continue

Full Name and Title:

Signature:



In-Service Training Description

Oct 14, 2014 Attachment No. 5

Tag 2520 Training for staff at new residence of individual #6268 on the individual's IP and
Tag 2535 Behavior Plan

IP & Behavior Plan for '

Sep 17 and 24, 2014

1. Review of Individual's Background
 - a. How individual came to SF
 - b. Family involvement
2. Review of Individual Plan
 - a. Medical Diagnosis
 - b. Emotional/Mental Health diagnosis
 - c. Review of psychotropic medication & purpose
3. Review of Behavior Plan
 - a. Target behavior & techniques
 - b. Data collection sheet
4. Questions and Answers/Discussion

Second Family
Training Class Sign-in Sheet

Topic:

IP &
Behavior Plan Trng.

Date:

9/26/14

Class Start Time :

Class End Time:

Time In	Full Name and Title (Please Print)	Signature
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IP + Behavior Plan

9/17/14

Trang @ 10/15

Name

Signature



In-Service Training Description

Oct 14, 2014 Attachment No. 6

Tag Y2535 Sign in sheets for highlighted staff assigned at new residence for Individual #6268 was trained on Behavioral Principles and Strategies

Behavioral Principles and Strategies (BPS)
Unit I – Didactic Principles of Behavior Change
Unit II – Didactic Crises Prevention & Physical Fundamentals
Unit III – Physical Interventions
Unit IV – Didactic Crises Intervention & Restrictive Physical Techniques

Appendix VI

BEHAVIORAL PRINCIPLES AND STRATEGIES (BPS) ATTENDANCE ROSTER

TRAINING DATE(S): Aug 4, 2014 LOCATION: SFI

Check Unit(s)
Taught:

Unit 1: Didactic - Principles of Behavior Change	Unit 2: Didactic - Crisis Prevention	Unit 3: Physical Interventions	Unit 4: Didactic - Crisis Intervention
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unit 2: Physical Fundamentals			Unit 4: Restrictive Phys. Techniques
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

PLEASE PRINT

LAST NAME	FIRST NAME	AGENCY	JOB TITLE	COURSE COMPLETION STATUS	INSTRUCTOR COMMENTS
		SFI	LPN	I-IV	Passed
		SFT	LPN	I-IV	Passed
		SFAH	LPN	I-IV	Passed
		SFI	CNA	I-IV	Passed

I certify that the above results are accurate

Signature of BPS Instructor

Date: 8/5/2014

Appendix VI

BEHAVIORAL PRINCIPLES AND STRATEGIES (BPS)

ATTENDANCE ROSTER

TRAINING DATE(S): AUG 4th, 2014 LOCATION: SFI

INSTRUCTOR(S): _____

Check Unit(s)
Taught:

Unit 1: Didactic -- Principles of Behavior Change	Unit 2: Didactic -- Crisis Prevention	Unit 3: Physical Interventions	Unit 4: Didactic -- Crisis Intervention
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Unit 2: Physical Fundamentals	Unit 4: Restrictive Phys. Techniques		

PLEASE PRINT

LAST NAME	FIRST NAME	AGENCY	JOB TITLE	COURSE COMPLETION STATUS	INSTRUCTOR COMMENTS
		SECOND FAMILY	CNA	I + II	Passed
		Second Family	CNA/CMT	I + II	Passed
		SFI	LPN/MS	I + II	Passed
		SFI	LPN	I + II	Passed
		SFI	LPN	I + II	Passed
		SFI	CNA/CMT	I + II	Passed

I certify that the above results are accurate:

Signature of BPS Instructor

Date:

8/4/2014